



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000028649

2. Name of Corporation Charlestown Early Learning Center, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 4605 OLD POST ROAD

City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PRESCHOOL FOR 3-5 YEARS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JOHN PAUL KELLEY MR.	P.O. BOX 220 CHARLESTOWN, RI 02813 USA
PRESIDENT	MARGARET KELLEY	4380 OLD POST ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	BERNICE D. SIMMONS	375 OLD MILL RD

DIRECTOR	CHERYL DOWDELL	CHARLESTOWN, RI 02813 USA 21 CHEROKEE BEND CHARLESTOWN, RI 02813 USA
DIRECTOR	DAVID HAYES	SAND PLAIN ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	MAUREEN AREGLADO	2 PARTRIDGE RUN CHARLESTOWN, RI 02813 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARGARET M. KELLEY CROSS MILLS P.O. BOX 220 CHARLESTOWN , RI 02813

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of August, 2014 at 5:00:22 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARGARET KELLEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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